## Trinity University

## GIFT IN-KIND TRANSMITTAL FORM

	GENERAL INFORMATION
1.	DONOR (Name and Address):
	RECIPIENT OF GIFT (Individual/Department):
	GIFT (Brief Description or Generic Name): DATE RECEIVED:
	EQUIPMENT INFORMATION
NO	TE: If the gift is equipment, please complete the following information:
1.	Name Of Manufacturer
2.	Manufacturer's Serial NoModel NoModel No
3.	Estimated Value (for Inventory/Insurance Purposes Only) \$
4.	Location Of Equipment (if known at this time) BldgRoom
5.	Contact Person for Inventory Purposest
6.	Gift will be used for: Research   Instruction   Other
	CLEARANCES
1.	Does the gift require any action involving space, remodeling, or construction?  YES  NO
2.	Has action been taken to indicate clearly that acceptance of the gift does not constitute University endorsement of the product?
	YES □ NO □ ,
	SIGNATURES
	Name of Recipient Date Department Approval Date
	Dean Approval Date